

Automatic Tank Gauging 90-Day Summary

(With Line Monitoring of Pressurized Product Lines)

Note: Please attach the tape showing the last leak check.

Please make copies of this completed form for your records.

Submit to: **Kansas Department of Health and Environment
Bureau of Environmental Remediation -
Storage Tank Section
1000 SW Jackson, Suite 410
Topeka KS 66612-1367**

FOR KDHE USE ONLY:

Monthly Monitoring	_____yes_____no
Inventory Control	_____yes_____no
Leak Check	_____yes_____no
Water Check	_____yes_____no
Date	_____
Signed	_____

Please Print Clearly or Type

I. Facility Information

A. Facility Name: _____

B. Facility Address: _____
(street) (city) (state) (zip)

C. Contact Person: _____ Phone: (____) ____ - _____

II. Owner Information

A. Owner Name: _____

B. Owner Address: _____
(street) (city) (state) (zip)

C. Contact Person: _____ Phone: (____) ____ - _____

III. Automatic Tank Gauge Information

A. Model/Manufacturer: _____

IV. Line Release Detection (check the one item that applies to the product line from Tank no. _____).

A. Automatic Line Monitor _____ (Monthly). Model/Manufacturer _____

B. Line Interstitial Monitor _____ (Monthly). Model/Manufacturer _____

C. Line Vapor Monitor _____ (Monthly). Model/Manufacturer _____

D. Other, please explain _____.

V. Inventory Control. Please send copies of your Inventory Control Records for 30 days to KDHE after the first month of operation.

VI. Substance Stored (check one): " diesel " kerosene " gasoline (including alcohol) " used oil " other
If other, list contents of tank _____.

KDHE tank no.	Month:	Month:	Month:	(1) Send copies of your Inventory Control Records for 30 days to KDHE after the first month of operation. (2) Send 90-Day Summary Sheets to KDHE after the first 90 days of operation.
[one sheet per UST]	Yr:	Yr:	Yr:	
Capacity during Test (gals)				
Total Capacity (gals)				
Percent capacity during test				
Automatic Tank Gauge	Pass Fail	Pass Fail	Pass Fail	
Line Monitor Result	Pass Fail	Pass Fail	Pass Fail	

VII. Please contact KDHE within 24 hours if your tank system has failed. Also contact KDHE if you have two or more "Failed" automatic tank gauge leak or line monitor tests a month. Please direct questions regarding tank tests to KDHE, Storage Tank Section, 785-296-8061.